

Health Profiles 2005

San Antonio Metropolitan Health District

Executive Summary

Fernando A. Guerra, MD, MPH, Director of Health
John Berlanga, MPA

The San Antonio Metropolitan Health District (SAMHD) produces its annual Health Profiles report to document and project public health trends for San Antonio and Bexar County. The goal of Health Profiles 2005 is to encourage public and professional discussions about medical and daily living conditions that affect the overall health of Bexar County's metropolitan population.

Health Profiles 2005 provides locally-gathered health data with analyses comparable to national health publications. Health Profiles is frequently cited by health care providers, policy makers, academicians, students and residents of San Antonio when addressing health care initiatives. Health Profiles 2005 presents some of the best data available through case surveillance, health survey assessments and health reporting systems in San Antonio and Bexar County.

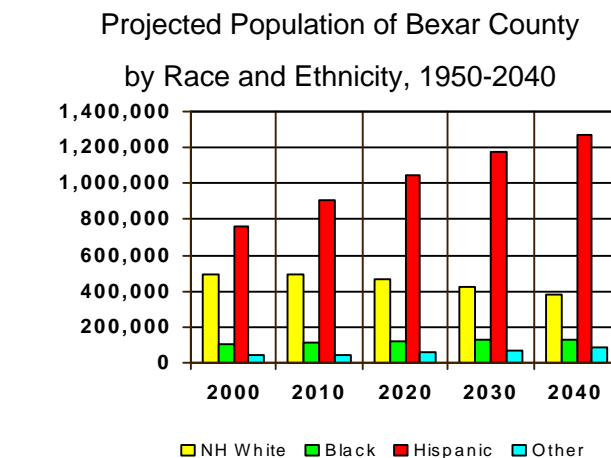
While statistical data helps present a snapshot of health changes and improvements in San Antonio, it's important to remember that no single graph or chart should be viewed as stand-alone evidence. The nature of public health is to analyze health data in relation to many other social, cultural and environmental factors that contribute to a person's overall physical and emotional well-being.

In the 80-plus pages of data that follow this introduction, you will find a wide range of statistical graphs, charts and tables which detail the local population by race, gender, age, disability and education. There's also information on infant and adult mortality rates, birth rates, maternity statistics, child abuse numbers, immunization rates and case numbers on communicable diseases. Each data set is a component of the equation that adds up to the community's total public health profile.

This summary highlights some of the existing and emerging health issues facing our community. In this document, SAMHD also offers recommendations on where to allocate available health resources.

Projected Population Growth

Currently, San Antonio's population is predominantly Hispanic. That segment of the population is expected to far outpace other ethnicities in new births through 2040 and beyond.



Source: U.S. Census and Texas State Data Center

The Hispanic population faces well-documented health concerns, such as obesity, diabetes and unplanned pregnancies. Programs addressing those areas should be maintained or increased. Bexar County's Hispanic population is also younger with fewer college graduates and more pregnancies to young single mothers than any other ethnic population. Those factors are often predictors of future poverty and increased risk for associated health problems.

The Mayor's recent Summit on Education & Workforce Development (June 17, 2006) noted that the amount and quality of prenatal care for mothers and infants may predict the future capability of a child to perform in school and to ultimately achieve success in life. Poor health care is frequently the result of economic hardship, all of which can ultimately impact a child's performance in school.

Births in 2005 & 2004-2005 Education Statistics

A new worrisome statistic shows that the rate of pregnant mothers receiving little or no prenatal care virtually doubled in 2005. The sudden increase may be attributable to new federal reporting formulas that changed the way data are collected. Still, it is an important trend to watch closely.

DISTRICT NAME	% Economically Disadvantaged Students	Mean SAT Score	Births	% Late Prenatal Care
San Antonio ISD	93%	814	5,503	34%
Edgewood ISD	94%	823	1,288	32%
Southwest ISD	80%	868	818	31%
South San Antonio ISD	90%	806	840	31%
Harlandale ISD	88%	818	1,199	28%
Southside ISD	80%	805	373	25%
Judson ISD	53%	967	1,437	24%
East Central ISD	57%	938	526	24%
Somerset ISD	77%	893	140	24%
North East ISD	37%	1,028	5,257	24%
Northside ISD	48%	980	6,952	21%
Alamo Heights ISD	17%	1,113	262	21%

Women who are reluctant to seek medical attention for their unborn children may be reluctant to provide nurturing and supportive care after delivery as well. It's a situation that adds complexities to the child's development and performance in school, along with potential adverse effects on the family's overall stability.

Maternity Demographics

Among Bexar County residents, 25,582 births were recorded in 2005. The data show little change from 2004 in the number of:

- deliveries funded by Medicaid
- premature births
- infants with low birth weights

The infant mortality rate in Bexar County increased slightly in 2005; a number of factors can influence this including little or no prenatal care for the mother and child. This is where the statistics are troubling - an increase from 14% to 26%

Bexar County Births	2004	% / rate	2005	% / rate
Total Births	25,136		25,582	
Medicaid Births	12,268	49%	12,857	50%
Mothers < 18 yrs old	1,437	6%	1,369	5%
Single Mothers	9,826	39%	10,623	42%
Late or No Prenatal Care	3,421	14%	6,754	26%
Low Weight Birth <2500 g.	2,233	9%	2,291	9%
Premature <37 Weeks	3,193	13%	3,100	12%
Infant Deaths	156	6.21%	170	6.65

of all pregnant women not seeking early health care during the first trimester of pregnancy.

According to a 2000 study conducted by the University of California-San Francisco, single women living in poverty with more than one child and facing an unplanned pregnancy were three times more likely to have no prenatal care. Bexar County's rate for late-term prenatal care is significantly higher than the national average of 16%.

This serious new trend in Bexar County points to the need for more public efforts in hospitals, clinics and schools to provide young men and women information about family planning to avoid unplanned pregnancies.

Currently, 50% of all births in Bexar County require Medicaid assistance to cover the mother's medical care during pregnancy.

Most Medicaid births involve single young mothers who already have one or more children, and are having babies less than 24 months apart. Outreach efforts should include information about prenatal and post-birth services available through SAMHD clinics and other medical agencies.

SAMHD plans to expand comprehensive prenatal case management to more women with a goal of reducing the number of births to women younger than 22 years old. In the past, there was only enough funding for one (1) in seven (7) income-eligible persons to receive family planning in Bexar County.

Bexar County 2005 Births by Age of Mother and Birth Order

Birth Order	1	2	3	4	5	6	Total
Mother's Age							
12	2	-	-	-	-	-	2
13	15	-	-	-	-	-	15
14	53	-	-	-	-	-	53
15	182	10	1	-	-	-	193
16	342	39	1	-	-	-	382
17	587	118	17	2	-	-	724
18	714	239	38	7	-	-	998
19	788	365	100	16	4	-	1,273
20	761	436	176	33	10	-	1,416
21	717	527	229	82	14	4	1,573
Total	4,161	1,734	562	140	28	4	6,629

The last Texas legislative session, however, created two new programs aimed at addressing women's health needs. The CHIP program for 2007 will include prenatal coverage to women who do not otherwise qualify for Medicaid. They will receive quality prenatal care, including examinations and testing procedures.

Additionally, the Women's Health Program will provide annual comprehensive health examinations to women age 18-44 years who are US citizens and have no other insured source of care. Beginning this fall, both programs will remove the financial burden facing many women with no health insurance.

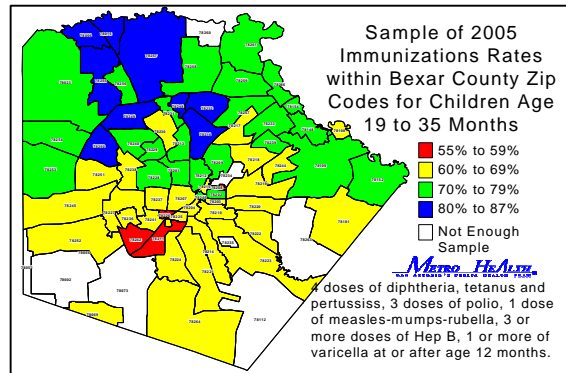
We are hopeful that the changes in Medicaid and CHIP will improve opportunities and services to those most in need.

Childhood/Teen Demographics

A big part of the public health picture in San Antonio revolves around the needs of children and adolescents less than 18 years old. Fortunately, San Antonio continues to enjoy high rates of childhood vaccination against preventable diseases. The national Healthy People 2010 program has a goal of reaching 95% of all children (ages 19-35 months) with proper vaccinations.

In parts of Bexar County, we are close to the goal already. However, we still find pockets of children under-immunized for diphtheria, tetanus, pertussis, polio, measles, mumps and rubella. Additionally, San Antonio reported 518 cases of chicken pox.

The Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices recommends infants receive the Hepatitis B vaccine at birth. In Bexar County, 26% of all newborns in 2005 did not receive Hepatitis B protection at birth.



Another high priority for Bexar County's overall health profile improvement is the need for more dental care for low-income children (age 5-17). SAMHD is working in targeted areas, such as the Head Start program, to give some children what is perhaps their first dental screening. Using a quick "tongue depressor and flashlight" visual exam, some 51,728 screenings have been performed over the past five years.

The program seeks to screen each child twice a year, though it's not always possible when the enrollment keeps changing. The primary goal is to give Head Start parents information about their child's dental health as early as possible and refer them to SAMHD clinics for full care if needed. The Head Start numbers demonstrate just a small portion of the real demand for child dental services in Bexar County.

Another serious health issue affecting children and teens in San Antonio is child abuse. Physical abuse cases have increased by 35% in Bexar County, according to the Texas Department of Protective and Regulatory Services. Neglectful supervision cases have virtually doubled. It is also a fact that 5,676 children under age 17 have been involved in criminal activities, resulting in the need for probationary services in 2005.

SAMHD recommends greater financial support for childcare programs and services for new mothers and fathers to help reduce child abuse. Young, low-income parents often have difficulty balancing the demands of a new child with the other stresses they face.

Another area of concern with young teens/adults is the fact that 5,724 children and young adults (under 22 years old) were newly diagnosed with a sexually transmitted disease (STD) in 2005. That includes 12 new cases of AIDS and 52 new cases of HIV

infection. Health programs geared towards young people must address this issue head-on.

Adult Health Profile

One of the national health objectives for 2010 is to reduce obesity among adults to less than 15% of the population.

According to CDC records, obesity and physical inactivity account for approximately 300,000 premature deaths nationwide each year.

Leading Cause of Death in Adults Age 25-65

Cause of Death	25 to 44	45 to 64	Total
Cancer	66	587	653
Heart Disease	69	426	495
Liver Disease	31	131	162
Diabetes	18	124	142
Accidents	73	58	131
Strokes	24	80	104
Suicide	52	47	99
Total	561	1,821	2,382

San Antonio's health profile follows the national obesity trend. One local statistical report measured the Body Mass Index (BMI) of women before pregnancy. The weight-to-height calculation showed 23.7% of the mothers were obese.

The 2005 Health Profiles report contains an expanded analysis of deaths for females and males by race, age, and cause of death. In 2005, just over 10,000 people died in Bexar County; 34%. The top five health threats to San Antonio adults under age 65 are cancer, heart disease, liver disease, diabetes and various types of accidents.

Public health programs that encourage better nutrition, exercise and preventive health screenings for adults could make a difference in these areas.

Hurricane Katrina

The 2005 Health Profiles would not be complete without mentioning the dramatic public health challenges that SAMHD faced with the arrival of thousands of hurricane evacuees from New Orleans in September 2005. Many of the 25,000 displaced evacuees came without medicine or provisions for special needs. The entire medical community of San Antonio was called into action to help.

An important question is raised by that experience: how prepared is San Antonio and Bexar County to identify and serve its own vulnerable populations during a crisis? Knowing where pockets of elderly, handicapped or homebound residents live could be important when rescue services and resources are limited. Service demographics from Meals on Wheels and similar program are a good place to start.

Conclusion and Recommendations

Fortunately, there are public health success stories in San Antonio and Bexar County. Teen-age pregnancies are down, immunization rates are up and dental health screenings lead to earlier treatment. And while the world stands vigilant for signs of avian or pandemic flu in 2006, it is our good fortune there were no widespread outbreaks of disease in 2005.

San Antonio's toughest health problem, however, has nothing to do with a viral infection. It is the prevalence of poverty, illiteracy and unemployment that continues to

run its course through the community. Those factors have the ability to undo years of work and millions of dollars invested to improve the community's well-being.

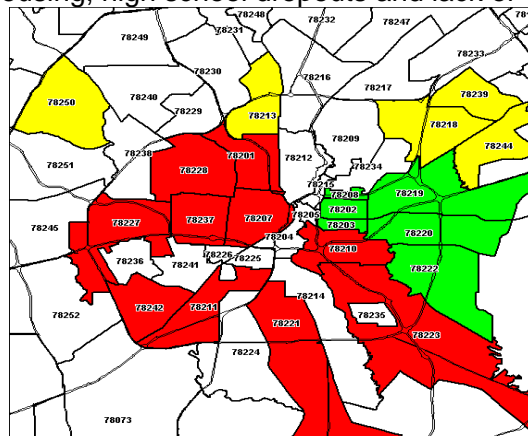
In San Antonio, ten zip codes have been identified as high-risk areas for ongoing public health problems. The map of Bexar County below outlines the areas in red, green and yellow, which demonstrates the “broken window” effect.

The “broken window” metaphor has been used across the country to point out wide disparities in services between the haves-and-have-nots. Author and *New Yorker* columnist Malcolm Gladwell is quoted as saying, “If a window is broken and left unrepaired, people walking by will conclude that no one cares and no one is in charge.”

Our public health task now is to gather all the tools we can to “fix the window”. Bexar County’s broken window shows the areas of greatest need. Red denotes the highest number of low-income households, unemployment, single or school-age mothers, incidents of drug abuse, crime, overcrowded housing, high school dropouts and lack of higher-level educational opportunities.

Zip codes marked in yellow show emerging concentrations of the same harmful health indicators. Zip codes in green have a high rate of potential health indicators, but a lower population count than the others. Many of these same zip codes show families in their second or third generation of poverty.

For these areas, SAMHD recommends greater public attention and continued funding for:



- Preventive health care programs for women in general, including prenatal care
- We must recognize and do something about the increasing numbers of abused and neglected children
- Expanded delivery of services to children, along with regular vaccinations
- Ongoing health programs for the under-insured and un-insured to control infectious diseases, such as TB and STD's
- Promotion of good nutrition and healthy exercise for all ages

Health Profiles 2005 provides a wealth of statistical information to help guide San Antonio and Bexar County in future health initiatives. The numbers validate what many community leaders already know. That as San Antonio sits on the edge of new and exciting economic opportunities, it is crucial that we focus on improving the overall health and education of Bexar County residents. If San Antonio and Bexar County cannot provide the next generation of people ready to live, learn and work at their best, then our history may become one of opportunities lost, rather than one of great rewards gained.